

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 06R-193

## BRIEF TITLE

Resolution supporting Constitutional Amendment 2

## APPROVED DEADLINE

October 2, 2006

## REASON

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>This resolution supports passage of Constitutional Amendment 2. Amendment 2 will benefit the Community Health Endowment in Lincoln. By maximizing the return on investments, the Community Health Endowment can return more income to the citizens of Lincoln.</p>	Sponsor	Mayors Office
	Program Departments, or Groups Affected	N/A
	Applicants/ Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

## DETAILS

### POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	None _____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ -0- COST of this Ordinance/ Resolution \$ -0-	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	SOURCE OF FUNDS	CITY [Approximately] \$ _____ % \$ _____ % \$ _____ % \$ _____ % \$ _____ %  NON CITY [Approximately] \$ _____ % \$ _____ % \$ _____ % \$ _____ % \$ _____ %	
BENEFIT COST <input type="checkbox"/> Front Foot Average Assessment <input type="checkbox"/> Square Foot \$ _____ \$ _____			

APPLICABLE DATES:

FACT SHEET PREPARED BY: *Don Herz*

REVIEW BY:

REFERENCE NUMBER